

*E. J. Bascom*  
*Monroe, Wash.*  
 1920

Washington State Board of Health

County of *Snohomish*  
 City or Town of *Monroe*  
 Registration Dist. No. *8* No. *220*  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Record No. *177*  
 Registered No. *14*

2. FULL NAME *Norbert Moses*  
 (a) Residence No. *3 Perry* St.;  
 (b) If non-resident, give city or town, and state.  
 (c) How long in Registration Dist. *10* yrs. *0* mos. *0* ds.; how long in U. S. if of foreign birth *0* yrs. *0* mos. *0* ds.

Personal and Statistical Particulars

3. Sex *Male* 4. Color or Race *Indian* 5. Single, Married, Widowed or Divorced (Write the word) *Widowed*

5. (a) If married, widowed, or divorced: Husband of \_\_\_\_\_ or Wife of \_\_\_\_\_

6. Date of birth *Jan 25 - 1886*  
 (Month) (Day) (Year)

7. Age *34* yrs. *1* mos. *24* ds. hrs. \_\_\_\_\_ or min. If less than one day

8. Occupation of deceased:  
 (a) Trade, profession, or particular kind of work *Pile Driver*  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer \_\_\_\_\_

9. Birthplace (City or town) *Wash* (State or country)

PARENTS

10. Name of Father *Kitsap Moses*  
 11. Birthplace of Father (City or town) *Wash* (State or country)  
 12. Maiden name of Mother *Julia Stars*  
 13. Birthplace of Mother (City or town) *Wash* (State or country)

14. Informant *James Moses*  
 Address *24 Burke St. Wash*

15. Filed *2-20* 1920 *E. J. Bascom* Registrar.

Medical Certificate of Death

16. Date of death *Feb 19* 1920  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *July 17*, 191*0*, to *July 19*, 1920, that I last saw him alive on *July 18*, 1920, and that death occurred on the date stated above, at *10* a.m. (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.)  
*Acute bacterial Pneumoniae*  
*followed Flu* (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted if not at the place of death?  
 (a) Did an operation precede death? *NO* Date of \_\_\_\_\_  
 (b) Was there an autopsy? *NO*  
 (c) What test confirmed diagnosis? *flu*  
 (Signed) *H. K. Lewis* M. D.  
*July 20*, 1920 Address *Monroe*

19. Place of Burial, Cremation or Removal *Methodist Church Wash* Date of Burial *Feb 22*, 1920  
 20. Undertaker *George W. Scott* Address *Cuprum, Wash.*

I HEREBY CERTIFY, That I have made the effort but was unable to secure answers to questions (Insert numbers of unanswered questions) \_\_\_\_\_ (Signature of Undertaker)

CERTIFICATE OF DEATH  
 Approved by U. S. Census and American Public Health Association

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Printer, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and there-

When a definite disease can be ascertained as the cause. Always qualify "1 diseases resulting from childbirth or miscarriage," as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound in head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)